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Bib Data Sheet

CONFIRMATION NO. 8300

SERIAL NUMBER 10/634,431	FILING DATE 08/05/2003 RULE	CLASS 548	GROUP ART UNIT 1626	ATTORNEY DOCKET NO. 21152
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APPLICANTS

Wolfgang Guba, Muellheim, GERMANY;

Patrizio Mattei, Riehen, SWITZERLAND;

Werner Neidhart, Hagenthal le Bas, FRANCE; Matthias Heinrich Nettekoven, Grenzach-Wyhlen, GERMANY;

Philippe Pflieger, Schwoben, FRANCE;

SS
 ** CONTINUING DATA ***** *NONE*

SS
 ** FOREIGN APPLICATIONS *****
 EUROPEAN PATENT OFFICE (EPO) 02017677.2 08/07/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/19/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>SS</i> Initials _____	GERMANY	0	16	1

ADDRESS

00151
 HOFFMANN-LA ROCHE INC.
 PATENT LAW DEPARTMENT
 340 KINGSLAND STREET
 NUTLEY, NJ
 07110

TITLE

Aminothiazole derivatives

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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